

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

### I. Ownership of Tank(s)

System ID: 00445  
State Owner ID: 445  
Name: LARRY & LEROY MANNING  
Street: P.O. BOX 172  
City: Owyhee County: Elko  
State: NV ZIP: 89832  
Phone: (702) 757-3381 Fax: (702) 757-3381  
Contact: LEROY G. MANNING (if other than Owner)  
Taxpayer ID: S.S. No:

*USTs removed  
11/99 - no closure  
report*

Comments:

### Type of Notification

New: ☐ Amended: ☐ Closure: ☒

System ID: 0000551  
State/Facility ID: DUCV004

Date Received: 03 Jan 1987

Facility Operator: MANNING LEROY  
Last First

### II. Location of Tank(s)

Name: MANNING'S TEXACO  
Street: MAIN STREET  
City: Owyhee County: Elko  
State: NV ZIP: 89832  
Latitude: Longitude:  
Phone:

Comments:

MAY BE ONLY 2 TANKS

### III. Type of Owner

Private

### IV. Indian Lands

Indian Lands: ☒ Tanks are located on land within an Indian Reservation or on other trust lands.

Tribe Owned: ☐ Tanks are owned by native American nation or tribe.

Tribe: DUCK VALLEY

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

#### V. Type of Facility

Describe the kind of facility:

Gas Station

Comments: BUSINESS CLOSED

#### VI. Contact Persons in Charge of Tanks

Name: MANNING, LARRY M.

Address: P.O. BOX 172, Owyhee, NV 89832

Phone: (702) 757-3381

Fax:

Contact Type: ☒ Owner ☐ Operator ☐ CA Contact ☐ Manager ☐ Outreach ☐ Location Contact  
☐ RP ☐ Fee Contact ☐ Other

#### VII. Financial Responsibility

Facility meets financial responsibility requirements: ☐

Check all that apply:

Self-Insured: ☐

Letter of Credit: ☐

Comments:

Insurance: ☐

State Fund: ☐

Risk Retention Group: ☐

Trust Fund: ☐

Guarantee: ☐

Other: ☐

Surety Bond: ☐

Not Listed: ☐

#### VIII. Certification

Name:

Title:

Date:

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

Latitude: ° Longitude: °

### IX. Description of Underground Storage Tanks

#### 1. Status of Tank

Federally Regulated: ☒

Compartment: ☐

AST: ☐

Sys. Fac. ID: 0000551

Amended Information: ☒

Manifolded: ☐

No Fee: ☐

Tank ID: 001

Tank Status: Permanently Out of Use

Comments: TANK 1 OF 4

Rcvd:

Alt Tank ID:

#### 2. Date of Installation (month/year)

Date Installed: Jan 1941

#### 3. Estimated Total Capacity (gallons)

Tank Capacity: 1,000

#### 4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments:

Sec. Tank Option: None

Check if tank has been repaired: ☐

Check if tank is used for emergency generator: ☐

#### 5. Piping (Material)

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Options.

Piping Material: Galvanized Steel

Comments:

Sec. Piping Option: None

#### 6. Piping (Type)

Type of Pipe: Not Listed

Check if piping has been repaired: ☐

#### 7. Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: Gasoline

Comments:

CERCLA No.:

Description:

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

**X. Tanks Out of Use, or Change in Service**

**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: 01 Dec 1981

Closure Status: Tank removed from ground

Date Closure Rcvd.: \_\_\_\_\_

Inert Fill: \_\_\_\_\_

Date Closed: 16 Nov 1999

**2. Site Assessment**

Site Assessment Completed: ☐

Evidence of a Leak Detected: ☒

**XI. Certification of Compliance**

**1. Installation**

Installer certified by tank & piping manufacturer: ☐

Manufacturer's installation checklists have been completed: ☐

Installer certified or licensed by implementing agency: ☐

Another method allowed by State agency: ☐

Installation inspected by registered engineer: ☐

Comments: \_\_\_\_\_

Installation inspected & approved by implementing agency: ☐

**2. Release Detection**

	Tank/Pipe
Manual tank gauging:	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>
Inventory control:	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>
SIR:	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>

	Tank/Pipe
Auto line leak detector:	<input type="checkbox"/>
Line tightness testing:	<input type="checkbox"/>
Other method:	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>
Not listed:	<input checked="" type="checkbox"/>

Comments: \_\_\_\_\_

**3. Spill, Overfill, and Corrosion Protection**

Overfill Protected: ☐

Spill Protected: ☐

CP Met on Tank & Piping: ☐

☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

Installer Oath: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: ducv004

Date Signed: \_\_\_\_\_

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

## IX. Description of Underground Storage Tanks

### 1. Status of Tank

Federally Regulated: ☒

Compartment: ☐

AST: ☐

Sys. Fac. ID: 0000551

Amended Information: ☒

Manifolded: ☐

No Fee: ☐

Tank ID: 002

Tank Status: Permanently Out of Use

Comments: TANK 2 OF 4

Rcvd:

Alt Tank ID:

### 2. Date of Installation (month/year)

Date Installed:

### 3. Estimated Total Capacity (gallons)

Tank Capacity: 1,000

### 4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments:

Sec. Tank Option: None

Check if tank has been repaired: ☐

Check if tank is used for emergency generator: ☐

### 5. Piping (Material)

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Options.

Piping Material: Galvanized Steel

Comments:

Sec. Piping Option: None

### 6. Piping (Type)

Type of Pipe: Not Listed

Check if piping has been repaired: ☐

### 7. Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: Gasoline

Comments:

CERCLA No.:

Description:

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

**X. Tanks Out of Use, or Change in Service**

**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: 01 Dec 1981 Closure Status: Tank removed from ground  
Date Closure Rcvd.: Inert Fill :  
Date Closed: 16 Nov 1999

**2. Site Assessment**

Site Assessment Completed: ☐ Evidence of a Leak Detected: ☒

**XI. Certification of Compliance**

**1. Installation**

Installer certified by tank & piping manufacturer: ☐ Manufacturer's installation checklists have been completed: ☐  
Installer certified or licensed by implementing agency: ☐ Another method allowed by State agency: ☐  
Installation inspected by registered engineer: ☐ Comments: \_\_\_\_\_  
Installation inspected & approved by implementing agency: ☐

**2. Release Detection**

	Tank/Pipe		Tank/Pipe
Manual tank gauging:	<input type="checkbox"/>	Auto line leak detector:	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	Line tightness testing:	<input type="checkbox"/>
Inventory control:	<input type="checkbox"/>	Other method:	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>	Deferred:	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>	Not listed:	<input checked="" type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>		<input checked="" type="checkbox"/>
SIR:	<input type="checkbox"/>		
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>		
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>		

Comments: \_\_\_\_\_

**3. Spill, Overfill, and Corrosion Protection**

Overfill Protected: ☐ Spill Protected: ☐ CP Met on Tank & Piping: ☐

☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

**Installer Oath:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Position: ducv004 Date Signed: \_\_\_\_\_

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

## IX. Description of Underground Storage Tanks

### 1. Status of Tank

Federally Regulated: ☐

Compartment: ☐

AST: ☐

Sys. Fac. ID: 0000551

Amended Information: ☒

Manifolded: ☐

No Fee: ☐

Tank ID: 003

Tank Status: Permanently Out of Use

Comments: TANK 3 OF 4

Rcvd: \_\_\_\_\_

Alt Tank ID: \_\_\_\_\_

### 2. Date of Installation (month/year)

Date Installed: \_\_\_\_\_

### 3. Estimated Total Capacity (gallons)

Tank Capacity: \_\_\_\_\_

### 4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments: \_\_\_\_\_

Sec. Tank Option: None

Check if tank has been repaired: ☐

Check if tank is used for emergency generator: ☐

### 5. Piping (Material)

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Options.

Piping Material: Galvanized Steel

Comments: \_\_\_\_\_

Sec. Piping Option: None

### 6. Piping (Type)

Type of Pipe: Not Listed

Check if piping has been repaired: ☐

### 7. Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: Gasoline

Comments: \_\_\_\_\_

CERCLA No.: \_\_\_\_\_

Description: \_\_\_\_\_

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

**X. Tanks Out of Use, or Change in Service**

**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: \_\_\_\_\_

Closure Status: Tank removed from ground

Date Closure Rcvd.: \_\_\_\_\_

Inert Fill: \_\_\_\_\_

Date Closed: 16 Nov 1999

**2. Site Assessment**

Site Assessment Completed: ☐

Evidence of a Leak Detected: ☒

**XI. Certification of Compliance**

**1. Installation**

Installer certified by tank & piping manufacturer: ☐

Manufacturer's installation checklists have been completed: ☐

Installer certified or licensed by implementing agency: ☐

Another method allowed by State agency: ☐

Installation inspected by registered engineer: ☐

Comments: \_\_\_\_\_

Installation inspected & approved by implementing agency: ☐

**2. Release Detection**

	Tank/Pipe
Manual tank gauging:	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>
Inventory control:	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>
SIR:	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>

	Tank/Pipe
Auto line leak detector:	<input type="checkbox"/>
Line tightness testing:	<input type="checkbox"/>
Other method:	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>
Not listed:	<input checked="" type="checkbox"/>

Comments: \_\_\_\_\_

**3. Spill, Overfill, and Corrosion Protection**

Overfill Protected: ☐

Spill Protected: ☐

CP Met on Tank & Piping: ☐

☒ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

**Installer Oath:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: ducv004

Date Signed: \_\_\_\_\_

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

## IX. Description of Underground Storage Tanks

### 1. Status of Tank

Federally Regulated: ☒

Compartment: ☐

AST: ☐

Sys. Fac. ID: 0000551

Amended Information: ☐

Manifolded: ☐

No Fee: ☐

Tank ID: 004

Tank Status: Permanently Out of Use

Comments: TANK 4 OF 4

Rcvd: \_\_\_\_\_

Alt Tank ID: \_\_\_\_\_

### 2. Date of Installation (month/year)

Date Installed: \_\_\_\_\_

### 3. Estimated Total Capacity (gallons)

Tank Capacity: \_\_\_\_\_

### 4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments: \_\_\_\_\_

Sec. Tank Option: None

Check if tank has been repaired: ☐

Check if tank is used for emergency generator: ☐

### 5. Piping (Material)

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Options.

Piping Material: Galvanized Steel

Comments: \_\_\_\_\_

Sec. Piping Option: None

### 6. Piping (Type)

Type of Pipe: Not Listed

Check if piping has been repaired: ☐

### 7. Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: Diesel

Comments: \_\_\_\_\_

CERCLA No.: \_\_\_\_\_

Description: \_\_\_\_\_

Facility ID: DUCV004 Facility Name: MANNING'S TEXACO

**X. Tanks Out of Use, or Change in Service**

**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: 01 Mar 1972 Closure Status: Tank closed in place  
Date Closure Rcvd.: Inert Fill: Not Listed  
Date Closed:

**2. Site Assessment**

Site Assessment Completed: ☐ Evidence of a Leak Detected: ☐

**XI. Certification of Compliance**

**1. Installation**

Installer certified by tank & piping manufacturer: ☐ Manufacturer's installation checklists have been completed: ☐  
Installer certified or licensed by implementing agency: ☐ Another method allowed by State agency: ☐  
Installation inspected by registered engineer: ☐ Comments:  
Installation inspected & approved by implementing agency: ☐

**2. Release Detection**

	Tank/Pipe		Tank/Pipe
Manual tank gauging:	<input type="checkbox"/>	Auto line leak detector:	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	Line tightness testing:	<input type="checkbox"/>
Inventory control:	<input type="checkbox"/>	Other method:	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>	Deferred:	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>	Not listed:	<input checked="" type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>		<input checked="" type="checkbox"/>
SIR:	<input type="checkbox"/>		
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>		
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>		

Comments:

**3. Spill, Overfill, and Corrosion Protection**

Overfill Protected: ☐ Spill Protected: ☐ CP Met on Tank & Piping: ☐

☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

Installer Oath:

Name: Company:  
Position: ducv004 Date Signed:







